OFFICE CORRESPON

FORMAL COMPLAINT



Illinois Commerce Commission 527 East Capitol Avenue Post Office Box 19280 Springfield, Illinois 62794-9280

Fe	or Commission Use Only:
Regarding a complaint	(70.0721
by MINJOIE LANGSTON 1999-024395 (Person making the complaint)	ase 0.010
·	
against PEOPLES ENGERY (Utility name)	
(Utility name)	
as to UN METERED GAS CHORGE OF 3, 135 06	CLEAR'S OFFICE
	HOUSELON
(Reason for complaint) In	
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202 Sin/	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: My mailing address is 3107 W. WASHING FIRM BLVD (606)	2
The service address that I am complaining about is 3107 W WASHING FIRM F	
177 7747	
My home telephone number is [773] 638-2307	
Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [773] 636-2274	
(respondent) is a public utility and is	subject to the provisions of
(Full name of utility company) the Illinois Public Utilities Act.	•
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you complaint.	think are involved with your
83IL ADM 200.25 A	
200.25 B	
	<u> </u>
Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint?	YesNo
Her your complaint filed with that office been closed?	×Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed. ON OCT 11, 19974 PEOPLES ENGERY REPESENTATIVE CAME TO BIOT W WASHINGTION BLUD AND DISCONNECTED GAS SERVICE FROM 3107 W WASHINGTION BLUP. THEY REMOVED GAY METER AND PUT A LOCK ON THERE METER BARS AND SENT ME A NOTICE THAT MY GAS SERVICES WAS DISCONNECTED. AFTER A PAYMENT HAN BEEN MADE TO TRY TO KEED SERVICE RESTORED. AFTER 15 YEARS OF GAS SERVILE AT 3107 WWANHINGTION BUYO. IN MY NAME MINJER LANGSTON OWNER OF HOME. IN FEB 98 I CALLED Please clearly state what you want the Commission to do in this case. ME OF STEDUNG GAS. FIND ME NUT RESPONSIBLE FOR UNMETERED 648 1 Complainant's signature If you will be represented by an attorney, please give the attorney's name, address, and telephone number. You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents). VERIFICATION A notary public must watch you fill out this part of the form. , first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge. Subscribed and sworn/affirmed to before page Hariit K. Bamra Notary Public Core of Illinois NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

cc207/07